Case 16-11207-led Doc 12 Entered 04/13/16 07:37:23 Page 1 of 41

		0030 10 1120	7 ICG D00 12 I		1 01 41	
Fill	in this inforn	nation to identify your	case:			
De	btor 1	Joan Zita Grihalva First Name	Middle Name	Last Name		
	btor 2	First Name	Middle Name	Last Name		
	ouse if, filing)		DISTRICT OF NEVADA	Last warne		
		nkruptcy Court for the:	DISTRICT OF NEVADA			
l	se number _1	16-11207			_	ck if this is an nded filing
		rm 106Sum	and I iabilities and	d Certain Statistical Information		12/15
Be a info you	as complete a rmation. Fill o r original forn	and accurate as possib out all of your schedule	le. If two married people as first; then complete the	are filing together, both are equally responsible information on this form. If you are filing amen the box at the top of this page.	for supplyi	ing correct
						assets of what you own
1.	Schedule A	//B: Property (Official Fo	orm 106A/B)			,
	1a. Copy line	e 55, Total real estate, fr	om Schedule A/B		\$	350,000.00
	1b. Copy line	e 62, Total personal prop	perty, from Schedule A/B		\$	24,917.00
	1c. Copy line	e 63, Total of all property	on Schedule A/B		\$	374,917.00
Pa	rt 2: Summ	arize Your Liabilities				
						liabilities nt you owe
2.			aims Secured by Property (nn A, <i>Amount of claim,</i> at th	Official Form 106D) ne bottom of the last page of Part 1 of Schedule D	. \$	1,063,621.79
3.			Unsecured Claims (Official 1 (priority unsecured claims	Form 106E/F) c) from line 6e of <i>Schedule E/F</i>	\$	0.00
	3b. Copy th	e total claims from Part 2	2 (nonpriority unsecured cla	nims) from line 6j of Schedule E/F	\$	74,271.00
				Your total liabilities	s \$	1,137,892.79
Pa	rt 3: Summ	arize Your Income and	Expenses			
4.		Your Income (Official Foombined monthly income		<i></i>	\$	800.00
5.	Schedule J: Copy your m	Your Expenses (Official nonthly expenses from lin	Form 106J) ne 22c of Schedule J		\$	2,064.00
Pa	rt 4: Answe	er These Questions for	Administrative and Statis	tical Records		
6.	-	•	er Chapters 7, 11, or 13? on this part of the form. Ch	eck this box and submit this form to the court with y	our other s	chedules.
7.	YesWhat kind of	of debt do you have?				
				ebts are those "incurred by an individual primarily fo for statistical purposes. 28 U.S.C. § 159.	r a persona	al, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

the court with your other schedules.

Debtor 1 Joan Zita Grihalva Case number (if known) 16-11207

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____1,233.33

O. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

	Case 16-1	11207-led	DOC .	12 Ent	ered 04/13/16 07:37	7:23 P	age 3 or	41	
Fill in this infor	mation to identify	your case and th	nis filing	g:					
Debtor 1	Joan Zita Gı								
	First Name		Name		Last Name				
Debtor 2 (Spouse, if filing)	First Name	Middle	Name		Last Name				
United States Ba	inkruptcy Court for	the: DISTRICT	OF NE	VADA					
								_	
Case number _	16-11207				_			Check if this is a amended filing	
							•	Ç.	
Official Fo	rm 106A/E	3							
_	e A/B: P	_						12/15	
			an asset	t only once. It	f an asset fits in more than one	category, lis	st the asset in		
					ple are filing together, both are the top of any additional pages				
nswer every ques		attacii a separate si	neet to t	inis iorini. On i	the top of any additional pages	, write your i	iaille allu casi	e number (ii known).	
Part 1: Describe	Fach Pasidanca R	uilding Land or Ot	har Paal	l Estato Vou C	Own or Have an Interest In				
art ii Docoriso	Lucii i tooluciico, D	anding, Land, or Od	noi rea	. Lotato Tou c	own or riavo an intoroot in				
Do you own or l	have any legal or ed	uitable interest in a	ıny resid	dence, buildin	ig, land, or similar property?				
☐ No. Go to Par	t 2.								
Yes. Where i	s the property?								
1.1			What	t is the prope	rty? Check all that apply				
3222 East	Viking Rd.					Do not ded	deduct secured claims or exemptions. Put		
Street address,	if available, or other des	scription	_	Duploy or m	nulti-unit building	the amount	of any secure	red claims on Schedule D: nims Secured by Property.	
				Condominiu	ım or cooperative	Creditors v	vno Have Clair	ns Securea by Property.	
				•	- d b ii - b				
Las Vega	s NV	89121-0000			ed or mobile home	Current va		Current value of the	
City	State	ZIP Code			property	entire prop	бену <i>?</i> 50,000.00	portion you own? \$350.000.0	
•					F F · · ·				
				Other		(such as fo	ee simple, ten	our ownership interest ancy by the entireties, o	
			_		est in the property? Check one		e), if known.		
Clark						Primary	residence		
Clark									
County					d Debtor 2 only			nmunity property	
			Otho		of the debtors and another	(structions)		
				er information erty identifica	you wish to add about this iter	n, such as ic	Cai		
			1	.,					
2. Add the doll	ar value of the no	ortion vou own fo	r all of	your entries	s from Part 1, including any	entries for			
								\$350,000.00	

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Debtor 1 _ J	oan Zita Grihalva		Case number (if known)	16-11207
3. Cars, vans,	, trucks, tractors, sport utility ve	hicles, motorcycles		
□No				
■ Yes				
- res				
3.1 Make:	Lexus	Who has an interest in the property? Check one		ured claims or exemptions. Put
Model:	LS 400	■ Debtor 1 only		secured claims on Schedule D: ve Claims Secured by Property.
Year:	1999	Debtor 2 only	Current value of t	
Approxir	mate mileage: 79000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
Other in	formation:	\square At least one of the debtors and another		
		Check if this is community property (see instructions)	\$4,800	.00 \$4,800.00
		nd other recreational vehicles, other vehicles atercraft, fishing vessels, snowmobiles, motorcy		
		rn for all of your entries from Part 2, includir that number here		\$4,800.00
Part 3: Descri	be Your Personal and Household It	oms.		
		terest in any of the following items?		Current value of the
·				portion you own? Do not deduct secured claims or exemptions.
	goods and furnishings Major appliances, furniture, linens escribe	s, china, kitchenware		
	Furniture and A	nnliances		\$3,000.00
	T difficult and F	фриничес		
7. Electronics Examples: No Yes. De	Televisions and radios; audio, vid including cell phones, cameras, n	eo, stereo, and digital equipment; computers, p nedia players, games	orinters, scanners; music c	ollections; electronic devices
■ res. De	TV's and comp	uters		\$300.00
		prints, or other artwork; books, pictures, or other	er art objects; stamp, coin,	or baseball card collections;
■ No □ Yes. De	escribe			
Examples:	for sports and hobbies Sports, photographic, exercise, ar musical instruments	nd other hobby equipment; bicycles, pool tables	s, golf clubs, skis; canoes a	and kayaks; carpentry tools;
■ No □ Yes. De	escribe			
10. Firearms Examples ■ No	:: Pistols, rifles, shotguns, ammuni	tion, and related equipment		

Official Form 106A/B Schedule A/B: Property page 2

D	ebtor 1	Joan Zita G	rihalva		Case number (if known)	16-11207
	☐ Yes.	Describe				
11.	□ No		othes, furs, leather coats	designer wear, shoes, accessories		
			Personal Clothing			\$250.00
12.	□ No		ewelry, costume jewelry, e	ngagement rings, wedding rings, heirloom je	welry, watches, gems, g	old, silver
			Costume Jewelry			\$50.00
	Example No □ Yes. Any of □ No □ No	arm animals oles: Dogs, cats, Describe ther personal ar Give specific in	nd household items you	did not already list, including any health a	aids you did not list	
15				m Part 3, including any entries for pages	you have attached	\$3,600.00
		scribe Your Finar				
De	o you ov	wn or have any	legal or equitable intere	st in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16	■ No		have in your wallet, in you	ur home, in a safe deposit box, and on hand	when you file your petition	on
17.				accounts; certificates of deposit; shares in crunts with the same institution, list each.	redit unions, brokerage h	nouses, and other similar
	_			Institution name:		
			17.1.	Bank of America #2756		\$455.00
18	Exam _l ■ No	ples: Bond funds		n brokerage firms, money market accounts		
	☐ Yes.		Institution or iss	uer name:		
19		ublicly traded s venture	tock and interests in inc	orporated and unincorporated businesse	s, including an interes	t in an LLC, partnership, and
	_	Give specific in	formation about them Name of entity:		% of ownership:	

Official Form 106A/B Schedule A/B: Property page 3

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De	ebtor 1 Joan Zit	ta Grihalva	Case n	number (if known)	16-11207
20.	Negotiable instrum	<i>ment</i> s include personal checks, ca	potiable and non-negotiable instruments ashiers' checks, promissory notes, and money or ransfer to someone by signing or delivering them		
	■ No				
		ic information about them Issuer name:			
	Retirement or per Examples: Interes □ No		403(b), thrift savings accounts, or other pension	or profit-sharing	plans
	Yes. List each ac	count congrately			
	Tes. List each at	Type of account:	Institution name:		
		IRA	ScotTrade Traditional IRA		\$5,282.00
		IRA	Scottrade Roth IRA		\$3,180.00
22.		unused deposits you have made s	so that you may continue service or use from a co t, public utilities (electric, gas, water), telecommu		nies, or others
	☐ Yes		Institution name or individual:		
	Annuities (A contr ■ No □ Yes	ract for a periodic payment of mor	ney to you, either for life or for a number of years)	
	Interests in an edu	ucation IRA, in an account in a	qualified ABLE program, or under a qualified	state tuition pro	gram.
	■ No	o)(1), 529A(b), and 529(b)(1).			
	☐ Yes	Institution name and description	on. Separately file the records of any interests.11	U.S.C. § 521(c):	
25.	Trusts, equitable ■ No	or future interests in property (other than anything listed in line 1), and right	s or powers exe	rcisable for your benefit
	☐ Yes. Give speci	fic information about them			
		ats, trademarks, trade secrets, a et domain names, websites, proce	and other intellectual property ueds from royalties and licensing agreements		
		fic information about them			
		ses, and other general intangib g permits, exclusive licenses, coo	oles operative association holdings, liquor licenses, pr	ofessional license	es
		fic information about them			
M	oney or property o	wed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax refunds owed ■ No	d to you			
		ic information about them, includi	ng whether you already filed the returns and the	tax years	
	Family support Examples: Past do □ No	ue or lump sum alimony, spousal	support, child support, maintenance, divorce set	tlement, property	settlement

Official Form 106A/B Schedule A/B: Property page 4

■ Yes. Give specific information.....

D	ebtor 1 Joan Zita Grihalva		Case number (if known) 1	6-11207
		Alimony from Ex-Spouse through Oct. 2016	Alimony	\$5,600.00
30	Other amounts someone owes you Examples: Unpaid wages, disability insu benefits; unpaid loans you m No □ Yes. Give specific information	rance payments, disability benefits, sick pay, vacatio nade to someone else	n pay, workers' compensa	tion, Social Security
31.	Interests in insurance policies	rance; health savings account (HSA); credit, homeow	ner's, or renter's insurance	
	Yes. Name the insurance company of Company r		ry:	Surrender or refund value:
		e Policy with IAS e except upon Death)		Unknown
32	 Any interest in property that is due yo If you are the beneficiary of a living trust someone has died. No Yes. Give specific information 	u from someone who has died c, expect proceeds from a life insurance policy, or are	currently entitled to receive	e property because
33.	Claims against third parties, whether of Examples: Accidents, employment dispu □ No ■ Yes. Describe each claim	or not you have filed a lawsuit or made a demand utes, insurance claims, or rights to sue	for payment	
	a 7 4 6 F C	Claim against Aurora Loan Servicing LLC, its assigns, NationStar Mtg., US Bank as Truste Trust Mortgage Pass-Trhough Certificeates 2 American Title, Quality Loan Servicing, and the Employees, Pite-Duncan / Aldridge Pite. PJR was filed as Case # A-15-712522-J in Stack CL may file appeal/Reconsideration of decist Debtor also claims various other causes of a these entities.	e for Lehman XS 2006-8, First cheir agents and ate District Court.	Unknown
34	Other contingent and unliquidated cla No ☐ Yes. Describe each claim	ims of every nature, including counterclaims of th	ne debtor and rights to se	et off claims
35.	 Any financial assets you did not alread No ☐ Yes. Give specific information 	dy list		
36	-	tries from Part 4, including any entries for pages		\$14,517.00
Pa	art 5: Describe Any Business-Related Proper	rty You Own or Have an Interest In. List any real estate in	n Part 1.	
	. Do you own or have any legal or equitable in ■ No. Go to Part 6. □ Yes. Go to line 38.	nterest in any business-related property?		

Official Form 106A/B Schedule A/B: Property page 5

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Deb	tor 1	Joan Zita Grihalva		Case number (if known)	16-11207	
Part		escribe Any Farm- and Commercial Fishing-Related Property You you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.		
46. I	Do you	u own or have any legal or equitable interest in any farm-	or commercial fishir	ng-related property?		
	■ No.	Go to Part 7.				
	☐ Yes	s. Go to line 47.				
Part	7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above			
		u have other property of any kind you did not already list? ples: Season tickets, country club membership				
		City and a life in farmation				
	res.	Give specific information				
		Insurance Claim for Stolen Reco	ord Collection		\$2,000.	.00
		<u> </u>				=
54.	Add	the dollar value of all of your entries from Part 7. Write tha	t number here		\$2,000.00	-
Part	8:	List the Totals of Each Part of this Form				
55.	Part	1: Total real estate, line 2			\$350,000.0	00
56.	Part :	2: Total vehicles, line 5	\$4,800.00			
57.	Part :	3: Total personal and household items, line 15	\$3,600.00			
58.	Part 4	4: Total financial assets, line 36	\$14,517.00			
59.	Part :	5: Total business-related property, line 45	\$0.00			
60.	Part	6: Total farm- and fishing-related property, line 52	\$0.00			
61.	Part	7: Total other property not listed, line 54 +	\$2,000.00			
62.	Total	personal property. Add lines 56 through 61	\$24,917.00	Copy personal property to	otal \$24,917 .	.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$374,917.00	

Official Form 106A/B Schedule A/B: Property page 6

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Fill in this info	rmation to identify your	case:		
Debtor 1	Joan Zita Grihalv	a		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	DISTRICT OF NEVADA		
Case number	16-11207			
(if known)	10 11201			☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Pro	perty You Claim as Exemp
--------------------------	--------------------------

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Check only one box for each exemption.		
3222 East Viking Rd. Las Vegas, NV 89121 Clark County	\$350,000.00		Nev. Rev. Stat. §§ 21.090(1)(I) and 115.050 Additionally	
Line from Schedule A/B: 1.1		■ 100% of fair market value, up to any applicable statutory limit	Debtor Claims Homestead under NRS 115.040	
1999 Lexus LS 400 79000 miles Line from Schedule A/B: 3.1	\$4,800.00		Nev. Rev. Stat. § 21.090(1)(f)	
Line from Scriedule AVB. 3.1		■ 100% of fair market value, up to any applicable statutory limit		
Furniture and Appliances Line from Schedule A/B: 6.1	\$3,000.00		Nev. Rev. Stat. § 21.090(1)(b)	
Line from Scriedule AVB. 0.1		■ 100% of fair market value, up to any applicable statutory limit		
TV's and computers	\$300.00		Nev. Rev. Stat. § 21.090(1)(b)	
Line from Schedule A/B: 7.1		■ 100% of fair market value, up to any applicable statutory limit		
Personal Clothing	\$250.00		Nev. Rev. Stat. § 21.090(1)(b)	
Line from Schedule A/B: 11.1		100% of fair market value, up to any applicable statutory limit		

ebtor '	1 Joan Zita Grihalva			Case number (if known)	16-11207
	ief description of the property and line on Current value of the hedule A/B that lists this property portion you own		Amount of the exemption you claim		Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
Co	ostume Jewelry	\$50.00			Nev. Rev. Stat. § 21.090(1)(a
Lin	e from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	
	ank of America #2756	\$455.00			Nev. Rev. Stat. § 21.090(1)(g
Lin	e from <i>Schedule A/B</i> : 17.1			100% of fair market value, up to any applicable statutory limit	
	A: ScotTrade Traditional IRA	\$5,282.00			Nev. Rev. Stat. § 21.090(1)(r
LIN	te from <i>Schedule A/B</i> . 21.1			100% of fair market value, up to any applicable statutory limit	
	A: Scottrade Roth IRA	\$3,180.00			Nev. Rev. Stat. § 21.090(1)(r
LIN	te from <i>Schedule A/B</i> . 21.2			100% of fair market value, up to any applicable statutory limit	
	imony: Alimony from Ex-Spouse rough Oct. 2016	\$5,600.00			Nev. Rev. Stat. § 21.090(1)(t)
	the from Schedule A/B: 29.1			100% of fair market value, up to any applicable statutory limit	
	rm Life Policy with IAS o value except upon Death)	Unknown			Nev. Rev. Stat. § 21.090(1)(k
•	te from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	
	surance Claim for Stolen Record	\$2,000.00			Nev. Rev. Stat. § 21.090(1)(a
	ne from Schedule A/B: 53.1			100% of fair market value, up to any applicable statutory limit	
	e you claiming a homestead exemption				
	ubject to adjustment on 4/01/16 and every	3 years after that for ca	ises fi	led on or after the date of adjustmer	rt.)
	No Yes. Did you acquire the property cover	ed by the evention wi	thin 1	215 days before you filed this case?	>
	No No	od by the exemption wi	ami i	,2 to days bototo you filed tills case	
	□ Yes				

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		10/10/07:20	. ago 11 0, 41	
Fill in this information to identify yo	ur case:			
Debtor 1 Joan Zita Griha First Name	Middle Name Last Name		-	
Debtor 2 (Spouse if, filing) First Name	Middle Name Last Name		-	
United States Bankruptcy Court for the	BISTRICT OF NEVADA		-	
Case number (if known) 16-11207				if this is an ded filing
Official Form 106D				
	s Who Have Claims Secur	ed hy Propert	v	12/15
		<u> </u>		
	If two married people are filing together, both are out, number the entries, and attach it to this form			
1. Do any creditors have claims secured b	by your property?			
	this form to the court with your other schedules	. You have nothing else	to report on this form.	
✓ Yes. Fill in all of the information Part 1: List All Secured Claims	n below.			
2. List all secured claims. If a creditor has	more than one secured claim, list the creditor separat is a particular claim, list the other creditors in Part 2. A tical order according to the creditor's name.		Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Green Tree Servicing Creditor's Name	Describe the property that secures the claim:	\$100,000.00	\$350,000.00	\$100,000.00
Green Tree/Ditech Bankruptcy Department P.O. Box 6154 Rapid City, SD 57709-6154	3222 East Viking Rd. Las Vegas, NV 89121 Clark County As of the date you file, the claim is: Check all that apply. Contingent			
Number, Street, City, State & Zip Code	Unliquidated✓ Disputed			
Who owes the debt? Check one. Debtor 1 only	Nature of lien. Check all that apply. An agreement you made (such as mortgage or	secured		
Debtor 2 only Debtor 1 and Debtor 2 only	car loan)			
At least one of the debtors and another	Statutory lien (such as tax lien, mechanic's lien Judgment lien from a lawsuit	,		
Check if this claim relates to a community debt	✓ Other (including a right to offset) Ex-Husb	and took out debt		
Date debt was incurred 2006	Last 4 digits of account number			
2.2 US Bank N.A. as Trustee	Describe the property that secures the claim:	\$963,621.79	\$350,000.00	\$613,621.79
Creditor's Name	3222 East Viking Rd. Las Vegas, NV 89121 Clark County			
P.O. Box 108	As of the date you file, the claim is: Check all that apply.	J		
Saint Louis, MO 63166	Contingent			
Number, Street, City, State & Zip Code	Unliquidated ✓ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only Debtor 2 only	An agreement you made (such as mortgage or car loan)	secured		
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)		
At least one of the debtors and another Check if this claim relates to a community debt	✓ Judgment lien from a lawsuit✓ Other (including a right to offset) Ex-Husb	and Took out lien		
Date debt was incurred 2006	Last 4 digits of account number			

Add the dollar value of your entries in Column A on this page. Write that number here:

\$1,063,621.79

Debto	r 1 Joan Zita Gr i	ihalva		Case number (if know)	16-11207
	First Name	Middle Name	Last Name		
	s is the last page of y that number here:	our form, add the dollar va	lue totals from all pages.	\$1,063,621	.79
Part 2	List Others to B	Be Notified for a Debt Th	at You Already Listed		
trying than o	to collect from you fo ne creditor for any of	or a debt you owe to some	ne else, list the creditor in Par	t 1, and then list the collection age	or example, if a collection agency is ncy here. Similarly, if you have more tional persons to be notified for any
	Name, Number, Stree CLEAR RECON 4375 Jutland Dri San Diego, CA 9	ive, Suite 200		On which line in Part 1 did you enter Last 4 digits of account number	
	Name, Number, Stree US BANK AS TR 4801 FREDERIC Owensboro, KY	A STREET		On which line in Part 1 did you ente	

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	0430 10 11201	100 D00 12	Littered 047	10/10	31.01.20	age 10 or 41	
Fill in this in	formation to identify your cas	se:					
Debtor 1	Joan Zita Grihalva						
Dobtor 1	First Name	Middle Name	Last Nam	e			
Debtor 2							
(Spouse if, filing)	First Name	Middle Name	Last Nam	e			
United States	Bankruptcy Court for the:	DISTRICT OF NEVA	DA				
Case number	16-11207						
(if known)	10 11201					☐ Check	if this is an
						amend	led filing
Official Ea	orm 106E/F						
	e E/F: Creditors Wh	o Have Unse	cured Claim	9			12/15
	and accurate as possible. Use F				or creditors with NO	NPRIORITY claims 1	
Schedule D: Cr left. Attach the name and case	secutory Contracts and Unexpire editors Who Have Claims Secure Continuation Page to this page. number (if known).	ed by Property. If more If you have no informa	e space is needed, co	py the Part	you need, fill it out,	number the entries i	n the boxes on the
	editors have priority unsecured c						
□ No. Go	. ,	iamis agamst you.					
Yes.	10 1 4.11 2.1						
identify who possible, lis Part 1. If m	your priority unsecured claims. It at type of claim it is. If a claim has bust the claims in alphabetical order a lore than one creditor holds a particular planation of each type of claim, see	ooth priority and nonprid according to the creditor cular claim, list the other	ority amounts, list that or's name. If you have mere reditors in Part 3.	claim here and an area than two	nd show both priority	and nonpriority amoun	ts. As much as
(i oi aii ox	sanation of odon typo of slaim, occ		Tom in the medicalem	bookiot.)	Total claim	Priority amount	Nonpriority amount
	RNAL REVENUE SERVIC	E Last 4 digits	s of account number		Unknown	Unknown	Unknown
110	y Creditor's Name City Parkway Vegas, NV 89106	When was t	the debt incurred?	2015		_	
	er Street City State Zlp Code	As of the da	ate you file, the claim	is: Check a	II that apply		
Who incu	urred the debt? Check one.	☐ Continge	nt				
Debto	r 1 only	☐ Unliquida	ated				
☐ Debto	r 2 only	☐ Disputed	I				
☐ Debto	r 1 and Debtor 2 only	Type of PRI	ORITY unsecured cla	aim:			
☐ At leas	st one of the debtors and another	☐ Domestic	support obligations				
☐ Checl	k if this claim is for a community	debt Taxes ar	nd certain other debts y	ou owe the	government		
	im subject to offset?	☐ Claims fo	or death or personal in	jury while yo	u were intoxicated		
■ No		Other. S	pecify				-
☐ Yes			Possible 2	015 Liabi	ility		
Part 2: Lis	st All of Your NONPRIORITY	Unsecured Claims					
3. Do any cre	editors have nonpriority unsecur	ed claims against you	?				
☐ No. You	u have nothing to report in this part.	Submit this form to the	court with your other	schedules.			
Yes.	·						
unsecured	your nonpriority unsecured claim claim, list the creditor separately for reditor holds a particular claim, list t	r each claim. For each	claim listed, identify wl	nat type of cl	laim it is. Do not list c	aims already included	in Part 1. If more

Total claim

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Debtor	Joan Zita Grihalva		Case number (if know)	16-11207	
4.1	Aerocare of Las Vegas Nonpriority Creditor's Name	Last 4 digits of account number		_	Unknown
	2233 East Main Street	When was the debt incurred?	various		
	Montrose, CO 81401	_			
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.	_			
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separe report as priority claims	aration agreement or divorce	that you did not	
	No	Debts to pension or profit-sharir	ng plans, and other similar de	ebts	
	Yes			55.0	
	Li Yes	Other. Specify Medical Se	rvices		
4.2	ATT Universal Card Nonpriority Creditor's Name	Last 4 digits of account number	8781	_	\$19,176.00
	PO Box 182564 Columbus, OH 43218-2564	When was the debt incurred?	2010		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt	☐ Obligations arising out of a sepa	aration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims			
	No	☐ Debts to pension or profit-sharing	ng plans, and other similar de	ebts	
	Yes	Other. Specify Credit Card			
4.3	Bank of America	Last 4 digits of account number	0450	_	\$26,714.00
	Nonpriority Creditor's Name PO Box 851001	When was the debt incurred?	2010		
	Dallas, TX 75285-1001	mon was the dest mounted.	2010		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	☐ Debtor 2 only	☐ Unliquidated			
	☐ Debtor 1 and Debtor 2 only	☐ Disputed			
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
☐ Check if this claim is for a community ☐ Student loans					
	debt	Obligations arising out of a sepa	aration agreement or divorce	that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharir	ng plane, and other similar d	ohte	
	■ No			ะมเอ	
	☐ Yes	Other. Specify Credit Card	1		

Debtor 1 Joan Zita Grihalva		Case number (if know) 16-11207			
4.4	Citi Card	Last 4 digits of account number	7534	\$8,281.00	
	Nonpriority Creditor's Name PO Box 6500	When was the debt incurred?	2010		
	Sioux Falls, SD 57117				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply		
	Who incurred the debt? Check one.				
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify Credit Card	<u> </u>		
4.5	Lab Corp.	Last 4 digits of account number		Unknown	
	Nonpriority Creditor's Name 2080 E. Flamingo #110	When was the debt incurred?	3/3/2016		
	Las Vegas, NV 89119 Number Street City State Zlp Code	As of the data you file the claim	in. Charle all that apply		
	Who incurred the debt? Check one.	As of the date you file, the claim	в. Спеск ан тат арргу		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
		☐ Student loans			
	☐ Check if this claim is for a community debt		aration agreement or divorce that you did not		
	Is the claim subject to offset?	report as priority claims	nation agreement of arrefee that you are not		
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts		
	Yes	Other. Specify Medical Se	rvices		
4.6	Las Vegas Pain Institute	Last 4 digits of account number	1003	Unknown	
	Nonpriority Creditor's Name 2750 W. Horizon Ridge Pkwy. #120	When was the debt incurred?	2009-2011		
	Henderson, NV 89052 Number Street City State Zlp Code	As of the date you file, the claim	is: Chack all that apply		
	Who incurred the debt? Check one.	As of the date you me, the claim	в. Спеск ан так арргу		
	■ Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	Debtor 1 and Debtor 2 only	☐ Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:		
	Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	No	Debts to pension or profit-sharing	o plans, and other similar debts		
		·			
	Yes	Other. Specify Medical Se	I VICES		

Debto	Joan Zita Grihalva	Case number (if know) 16-11207	
4.7	Rebel Pools	Last 4 digits of account number	\$110.00
	Nonpriority Creditor's Name 3540 W. Sahara Ave.	When was the debt incurred? Jan. 2016	
	Las Vegas, NV 89102 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Pool Service	
4.8	TARGET NATIONAL BANK	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name		<u> </u>
	P.O. Box 673 Minneapolis, MN 55440	When was the debt incurred? 09	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit Card (believe 0 balance)	
4.9	UBB Com Limited	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name DBA Videobb.com Room 1801 Wingon Central Blds. 26 Des Voeux Rd.	When was the debt incurred? 2012	
	Hong Kong Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	_	
	■ Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify Disputed claim of video service	
	_ 103	- Other. Specify Disputed Statist of Video Scr Vide	

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Debtor	1 Joan Zita Grihalva		Case number (if know) 16-1120	7			
4.1	US Bank Card	Last 4 digits of account number	Various	Unknown			
	Nonpriority Creditor's Name PO Box 790408	When was the debt incurred?	2010				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.	_					
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:				
	☐ Check if this claim is for a community	Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeter as priority claims	aration agreement or divorce that you did n	ot			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	Yes	■ Other. Specify Credit Cards					
4.1	USAA Credit Card	Last 4 digits of account number	8657	\$19,990.00			
	Nonpriority Creditor's Name 10750 Mcdermott Freeway	When was the debt incurred?	2015				
	San Antonio, TX 78281 Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	ed claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did n	ot			
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	Yes	■ Other. Specify Credit Care	d				
Part 3:	List Others to Be Notified About a De	ebt That You Already Listed					
is tryi have i notifie	nis page only if you have others to be notified ng to collect from you for a debt you owe to s more than one creditor for any of the debts th ed for any debts in Parts 1 or 2, do not fill out	about your bankruptcy, for a debt that omeone else, list the original creditor in at you listed in Parts 1 or 2, list the add or submit this page.	n Parts 1 or 2, then list the collection age itional creditors here. If you do not have	ency here. Similarly, if you			
	nd Address ce One	On which entry in Part 1 or Part 2 did you Line 4.4 of (<i>Check one</i>):	ulist the original creditor? Part 1: Creditors with Priority Unsecured	Claima			
	Street Rd. Suite 300		Part 2: Creditors with Nonpriority Unsecu				
Feast	erville Trevose, PA 19053	Last 4 digits of account number	- Fart 2. Greditors with Nonpholity Onsecu	red Glaims			
Name a	nd Address	On which entry in Part 1 or Part 2 did you	u list the original creditor?				
	ce One	Line 4.2 of (Check one):	Part 1: Creditors with Priority Unsecured	Claims			
	Street Rd. Suite 300 erville Trevose, PA 19053		Part 2: Creditors with Nonpriority Unsecu	red Claims			
i casu	ervine Trevose, FA 19033	Last 4 digits of account number					
Name a	nd Address	On which entry in Part 1 or Part 2 did you	ı list the original creditor?				
	ARY PORTFOLIO SERVICES	Line 4.4 of (Check one):	☐ Part 1: Creditors with Priority Unsecured	Claims			
	ummit Lake Dr. Ila, NY 10595		Part 2: Creditors with Nonpriority Unsecu	red Claims			
· ania	, 1000	Last 4 digits of account number					
Name a	nd Address	On which entry in Part 1 or Part 2 did you	u list the original creditor?				
Capita	al Management Service LP	· · · · · · · · · · · · · · · · · · ·	Part 1: Creditors with Priority Unsecured	Claims			
726 Ex	xchange Street 700	•	Part 2: Creditors with Nonpriority Unsecu	red Claims			

Debtor 1 Joan Zita Grihalva		Case number (if know)	16-11207
Buffalo, NY 14210	Last 4 digits of account number		
Name and Address Daniels Norelli Scully & Cecere P.C. One Old Counrty Road Suite LL5 Carle Place, NY 11514	On which entry in Part 1 or Part 2 did Line 4.3 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priorit Part 2: Creditors with Nonpo	
Name and Address Kravitz, Schnitzer, Sloane & Johnson 8985 S. Eastern Ave. #200 Las Vegas, NV 89123	On which entry in Part 1 or Part 2 did Line 4.4 of (Check one):	you list the original creditor? Part 1: Creditors with Priorit Part 2: Creditors with Nonpo	
Name and Address LTD Financial Services 7322 Southwest Freeway, Suite 1600 Houston, TX 77074	On which entry in Part 1 or Part 2 did Line 4.2 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priorit Part 2: Creditors with Nonpo	
Name and Address MIDLAND CREDIT MANAGEMENT 8875 AERO DR. STE. 200 San Diego, CA 92123-2255	On which entry in Part 1 or Part 2 did Line 4.4 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priorit Part 2: Creditors with Nonpo	
Name and Address MIDLAND CREDIT MANAGEMENT P.O BOX 60578 Los Angeles, CA 90060-1578	On which entry in Part 1 or Part 2 did Line 4.2 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priorit Part 2: Creditors with Nonpo	
Name and Address MIDLAND FUNDING 875 Aero Dr. Ste. 200 San Diego, CA 92123	On which entry in Part 1 or Part 2 did Line 4.4 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priorit Part 2: Creditors with Nonpo	
Name and Address Northland Group 7831 Glenroy Rd Ste 350 Minneapolis, MN 55439-3133	On which entry in Part 1 or Part 2 did Line 4.4 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priorit Part 2: Creditors with Nonpo	
Name and Address Penncro Associates, Inc. PO Box 1878 Southampton, PA 18966	On which entry in Part 1 or Part 2 did Line 4.3 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priorit Part 2: Creditors with Nonpo	
Name and Address Rausch, Sturm, Israel, Enerson & Hornik, LLC 8691 West Sahara Avenue Suite 210 Las Vegas, NV 89117	On which entry in Part 1 or Part 2 did Line 4.2 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priorit Part 2: Creditors with Nonpo	•
Name and Address Times Sa. Suite 2029 Tower 1 Causeway Bay Hong Kong	On which entry in Part 1 or Part 2 did Line 4.9 of (Check one): Last 4 digits of account number	you list the original creditor? Part 1: Creditors with Priorit Part 2: Creditors with Nonpo	
Name and Address UBB Com Limited	On which entry in Part 1 or Part 2 did Line 4.9 of (Check one):	you list the original creditor?	y Unsecured Claims

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Debtor 1 Joan Zita Grihalva		Case number (if know)	16-11207		
2211 No. First St. San Jose, CA 95131		■ Part 2: Creditors with Nonpriority Unsecured Claims			
Jan 2000, 07 00 10 1	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part	2 did you list the original creditor?			
United Collection Bureau Inc	Line 4.2 of (Check one):	☐ Part 1: Creditors with Prior	ity Unsecured Claims		
5620 Southwick Blvd Ste 206		Part 2: Creditors with None	priority Unsecured Claims		
Toledo, OH 43614					
·	Last 4 digits of account number				

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00_
				Total Claim
	6f.	Student loans	6f.	\$ 0.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 74,271.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 74,271.00

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Fill in this infor	mation to identify your	case:		
Debtor 1	Joan Zita Grihalv	a		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	DISTRICT OF NEVADA		
Case number	16-11207			
(if known)				☐ Chec
				amei

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the r, Street, City, State and ZIP	e contract or lease Code	State what the contract or lease is for
2.1					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3	Oity		Oldio	Zii Godc	
0	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.5	- iii		Oldio	211 0000	
-	Name				_
	Number	Street			_
	City		State	ZIP Code	_

Fill in th	is information to identify your	case:			
Debtor 1					
DCDIOI 1	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if,		Middle Name	Last Name		
	tates Bankruptcy Court for the:	DISTRICT OF NEVADA	2001.100		
Officed S	iales bankrupicy Court for the.	DISTRICT OF NEVADA			
Case nu (if known)	mber <u>16-11207</u>				☐ Check if this is an
(☐ Check if this is an amended filing
Ott: ~:.	al Farm 100L				
	al Form 106H	ala4 a wa			
Scne	dule H: Your Cod	eptors			12/15
people a fill it out,		ally responsible for supply boxes on the left. Attach tl	ing correct informat	tion. If more space is ne	te as possible. If two married seded, copy the Additional Page, of any Additional Pages, write
1. D	o you have any codebtors? (If	you are filing a joint case, do	not list either spouse	e as a codebtor.	
ПΝ	0				
_					
	ithin the last 8 years, have you				states and territories include
Arizo	ona, California, Idaho, Louisiana,	Nevada, New Mexico, Pueri	to Rico, Texas, Wash	lington, and Wisconsin.)	
	o. Go to line 3.				
■ Y	es. Did your spouse, former spou	ise, or legal equivalent live w	vith you at the time?		
	□ No				
	Yes.				
	In which community state	e or territory did you live?	-NONE-	. Fill in the name an	d current address of that person.
	Name of your spouse, former spo	nuso, or logal oquivalent			
	Number, Street, City, State & Zip				
in liı Forr	ne 2 again as a codebtor only i	f that person is a guaranto	r or cosigner. Make	sure you have listed the	with you. List the person shown e creditor on Schedule D (Official chedule E/F, or Schedule G to fil
	Column 1: Your codebtor Name, Number, Street, City, State and ZI	P Code		Column 2: The cree Check all schedules	ditor to whom you owe the debt
	,			2.130K dii 30H3ddiok	«pp.).
3.1	Larry Grihalva			■ Schedule D, lir	e 2.1
	56 E. Serene Ave.			☐ Schedule E/F,	
	#129 Las Vegas, NV 89123			☐ Schedule G	<u> </u>
	240 Vogao, IVV 00120			Green Tree Servi	cing
3.2	Larry Grihalva			■ Schedule D, lin	e 2.2
	56 E. Serene Ave.			☐ Schedule E/F,	line
	#129 Las Vegas, NV 89123			☐ Schedule G	
	9, 00			US BANK N. A A	s Irustee

Fill	in this information to identify you	. case.				1			
	otor 1 Joan Zita								
1	otor 2 use, if filing)								
Uni	ted States Bankruptcy Court for t	he: DISTRICT OF NEVAL	DA						
	se number 16-11207		-				ded filing nent sho	wing postpetition	
0	fficial Form 106I					MM / DD		.o .oog date.	•
S	chedule I: Your In	come				Willer, DD,			12/1
sup spo	as complete and accurate as popularlying correct information. If you are separated and you have separated to this formation. Describe Employment	ou are married and not filing wing the spouse is not filing wing the top of any additi	ng jointly, and your ith you, do not inclu	spouse i ide infori	is liv mati	ing with you, in on about your s	clude inf pouse. If	formation about f more space is	your needed,
1.	Fill in your employment information.		Debtor 1			Debto	2 or no	n-filing spouse	
	If you have more than one job, attach a separate page with	Employment status	☐ Employed				☐ Employed ☐ Not employed		
	information about additional employers.	Occupation	■ Not employed			⊔ Not	employe	ed	
	Include part-time, seasonal, or self-employed work.	Employer's name							
	Occupation may include studer or homemaker, if it applies.	t Employer's address							
		How long employed t	here?						
Par	t 2: Give Details About N	onthly Income							
	mate monthly income as of the use unless you are separated.	date you file this form. If	you have nothing to r	eport for	any	line, write \$0 in th	ie space.	. Include your no	n-filing
	u or your non-filing spouse have e space, attach a separate sheet		ombine the information	on for all e	empl	oyers for that per	son on th	ne lines below. If	you need
						For Debtor 1		Debtor 2 or -filing spouse	
2.	List monthly gross wages, sa deductions). If not paid monthly			2.	\$	0.00	\$_	N/A	-
3.	Estimate and list monthly over	ertime pay.		3.	+\$	0.00	_ +\$	N/A	-
4.	Calculate gross Income. Add	line 2 + line 3.		4.	\$	0.00	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Debt	or 1 _	Joan Zita Grihalva		Case number (if known)	16-11207		
				For Debtor 1	For Debto	spouse	
	Copy	y line 4 here	4.	\$	\$	N/A	
5.	List a	all payroll deductions:					
	5a. 5b.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans	5a. 5b.	\$ 0.00 \$ 0.00	\$ 	N/A N/A	
	5c. 5d.	Voluntary contributions for retirement plans Required repayments of retirement fund loans	5c. 5d.	\$ 0.00 \$ 0.00	\$	N/A N/A	
	5e.	Insurance	5e.	\$ 0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$ 0.00	\$	N/A	
	5g.	Union dues	5g.	\$ 0.00	\$	N/A	
	5h.	Other deductions. Specify:	_ 5h.+	\$0.00		N/A	
		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$0.00	. \$	N/A	
	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$0.00	\$	N/A	
3.	List a 8a.	All other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total	0 -			21/2	
	0h	monthly net income. Interest and dividends	8a.	\$ 0.00 \$ 0.00	\$	N/A	
	8b. 8c.	Family support payments that you, a non-filing spouse, or a dependent	8b.	\$	·	N/A	
	00.	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$ 800.00	\$	N/A	
	8d.	Unemployment compensation	8d.	\$ 0.00	\$	N/A	
	8e.	Social Security	8e.	\$0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$ 0.00	\$	N/A	
	8g.	Pension or retirement income	8g.	\$ 0.00	\$	N/A	
	8h.	Other monthly income. Specify:	_ 8h.+	\$0.00	+ \$	N/A	
	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$800.00	\$	N/A	
Э.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	800.00 + \$	N/A	= \$	800.00
1.	Include other	e all other regular contributions to the expenses that you list in <i>Schedule</i> de contributions from an unmarried partner, members of your household, your friends or relatives. of tinclude any amounts already included in lines 2-10 or amounts that are not a cify:	depen	.,	sted in Schedu	ıle J. . +\$	0.00
2.		the amount in the last column of line 10 to the amount in line 11. The resist that amount on the Summary of Schedules and Statistical Summary of Certaines				. \$	800.00
3.	Do y	ou expect an increase or decrease within the year after you file this form	?			Combin monthly	
	■	No. Yes. Explain: Debtor recieves 895 in SS income. Not included a Also, Debtor's Alimony will be ending in October					

Official Form 106I Schedule I: Your Income page 2

Fill	in this informat	tion to identify yo	our case:			I		
Deb		Joan Zita Gr				Che	eck if this is:	
		Joan Zita Gi	IIIaiva				An amended filing	
	tor 2 buse, if filing)						A supplement show 13 expenses as of	wing postpetition chapter
``	, ,,							
Unit	ed States Bankr	uptcy Court for the	: DISTRI	CT OF NEVADA			MM / DD / YYYY	
	e number	-11207						
Of	fficial Fo	rm 106J						
Sc	chedule	J: Your	Exper	ises				12/15
Be a	as complete a	and accurate as	possible eded, atta	If two married people ar ch another sheet to this				
Par		ibe Your House	ehold					
1.	Is this a join							
	■ No. Go to		in a canar	ata haysahald?				
	☐ Yes. Does		ın a separ	ate household?				
	=	_	st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of Del	otor 2.	
2			_		•			
2.	•	dependents?	■ No	E11 (4) (4)	Barrie Irada alba		B I d.	Barrie Institute
	Do not list De Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents i							☐ Yes
								□ No
								☐ Yes ☐ No
								□ No □ Yes
					-			□ No
								☐ Yes
3.		enses include	hon \blacksquare	No				
		f people other t d your depende		Yes				
Par	f 2: Estima	ate Your Ongoi	na Monthi	v Evnansas				
Est exp	imate your ex	penses as of y	our bankr	uptcy filing date unless y y is filed. If this is a supp				
Incl	ude expenses	s paid for with	non-cash	government assistance i	f you know			
	value of such ficial Form 10		d have inc	cluded it on Schedule I: Y	our Income		Your exp	enses
(0	101411101111110	01. /						
4.		r home owners d any rent for th		ses for your residence. In r lot.	nclude first mortgag	e 4.	\$	0.00
	If not includ	ed in line 4:						
	4a. Real e	state taxes				4a.	\$	0.00
		rty, homeowner's	s, or renter	's insurance		4b.	·	0.00
			•	ipkeep expenses		4c.	·	250.00
F		owner's associa			ma aquita la are	4d.	·	0.00
5.	Additional n	nortgage paym	ents for yo	our residence, such as ho	me equity loans	5.	Φ	0.00

Debtor 1 _	oan Zita Grihalva	Case num	ber (if known)	16-11207
6. Utilitie s	3:			
	lectricity, heat, natural gas	6a.	\$	192.00
	Vater, sewer, garbage collection	6b.	\$	226.00
6c. T	elephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
6d. C	Other. Specify: Phone, Cable, Internet	6d.		180.00
	SW Gas		\$	99.00
	Republic Services		\$	19.00
	nd housekeeping supplies		·	400.00
	are and children's education costs	8.	\$	0.00
	g, laundry, and dry cleaning	9.	\$	50.00
	al care products and services	10.	·	30.00
	I and dental expenses	11.	·	150.00
	ortation. Include gas, maintenance, bus or train fare.	11.	Ψ	130.00
	include car payments.	12.	\$	80.00
	inment, clubs, recreation, newspapers, magazines, and books	13.	\$	50.00
	ble contributions and religious donations	14.	·	50.00
5. Insurai	<u> </u>		<u> </u>	30.00
	include insurance deducted from your pay or included in lines 4 or 20.			
	ife insurance	15a.	\$	26.00
	lealth insurance	15b.	· -	88.00
	'ehicle insurance	15c.		149.00
	Other insurance. Specify:	15d.	·	0.00
	Do not include taxes deducted from your pay or included in lines 4 or 20.		Ŧ	0.00
Specify		16.	\$	0.00
	nent or lease payments:			0.00
	Car payments for Vehicle 1	17a.	\$	0.00
17b. C	Car payments for Vehicle 2	17b.	\$	0.00
	Other Specific	17c.	·	0.00
	Other. Specify:	17d.		0.00
	ayments of alimony, maintenance, and support that you did not report as		<u> </u>	0.00
deduct	ed from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	payments you make to support others who do not live with you.		\$	0.00
Specify		19.	-	
	eal property expenses not included in lines 4 or 5 of this form or on Sche		our Income.	
	fortgages on other property	20a.		0.00
	Real estate taxes	20b.	\$	0.00
20c. F	Property, homeowner's, or renter's insurance	20c.		0.00
	Maintenance, repair, and upkeep expenses	20d.		0.00
	Iomeowner's association or condominium dues	20e.		0.00
1. Other:			+\$	25.00
			· Ψ	23.00
	te your monthly expenses			
	d lines 4 through 21.		\$	2,064.00
22b. Co	py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Ad	d line 22a and 22b. The result is your monthly expenses.		\$	2,064.00
	, , ,		_ ·	_,
	ate your monthly net income.	_		
	Copy line 12 (your combined monthly income) from Schedule I.	23a.	·	800.00
23b. C	Copy your monthly expenses from line 22c above.	23b.	-\$	2,064.00
	subtract your monthly expenses from your monthly income.	23c.	\$	-1,264.00
ı	he result is your monthly net income.	200.	Ť	-,==
4. Do you	expect an increase or decrease in your expenses within the year after yo	u file this	form?	
For exar modifica	nple, do you expect to finish paying for your car loan within the year or do you expect your tion to the terms of your mortgage?			ase or decrease because of a
■ No.				
☐ Yes.	Explain here:			

Fill in this	s information to identify your	case:			
Debtor 1	Joan Zita Grihalv First Name	a Middle Name	Last Name		
Debtor 2					
(Spouse if, fil	ling) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	DISTRICT OF NEVADA			
Case num	nber 16-11207				
(if known)				_	Check if this is an amended filing
If two mar You must obtaining		, both are equally respor le bankruptcy schedules n connection with a bank	nsible for supplying corre		
	Sign Below				
Did y	you pay or agree to pay some	one who is NOT an attor	ney to help you fill out ba	ankruptcy forms?	
	No				
	Yes. Name of person			Attach Bankruptcy Petii Declaration, and Signat	•
that t	er penalty of perjury, I declare they are true and correct.	that I have read the sumi	x		
	Joan Zita Grihalva Signature of Debtor 1		Signature of [Jeptor 2	
D	Date April 13, 2016		Date		

Fill in this inform	matian ta idantifu var				
	mation to identify you				
Debtor 1	Joan Zita Grihal First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	DISTRICT OF NEVADA			
Case number	16-11207				
(if known)				_	Check if this is an amended filing
Official Fo	ırm 107				
		Affairs for Indivi	duals Filing for B	ankruptcy	12/1
information. If n number (if know	nore space is needed, n). Answer every que	attach a separate sheet to	are filing together, both are this form. On the top of any		
	ir current marital statu		a Livea Belole		
☐ Married ■ Not ma	-				
- Not ma	ineu				
2. During the l	last 3 years, have you	lived anywhere other than	where you live now?		
□ No					
Yes. Lis	st all of the places you	lived in the last 3 years. Do r	not include where you live now	<i>'</i> .	
Debtor 1 P	rior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
	erene Ave.	From-To:	☐ Same as Debtor	I	Same as Debtor 1
#120 Las Vega	s, NV 89123	11/15/11 - 10/16/14			From-To:
			gal equivalent in a commun evada, New Mexico, Puerto R		
□ No					
Yes. Ma	ake sure you fill out Sc	hedule H: Your Codebtors (C	Official Form 106H).		
Part 2 Expla	in the Sources of You	ır Income			
4 50					
Fill in the tot	al amount of income yo	u received from all jobs and	ng a business during this ye all businesses, including part- ve together, list it only once ur	time activities.	indar years?
■ No					
	II in the details.				
		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
			,		,

Official Form 107

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Case number (if known) 16-11207

Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.										
List ead	ch so	ource and	the gross inco	me from ead	ch source sepa	rately. Do ı	not include income t	hat you listed in lin	ne 4.	
	0									
■ Ye	es. F	Fill in the de	etails.							
				Debtor 1				Dobtor 2		
				Sources o	f income	Gros	s income	Debtor 2 Sources of inc	ome	Gross income
				Describe b	elow	•	re deductions and sions)	Describe below		(before deductions and exclusions)
		Alimony A	y / \$3,400.00				ĺ			
				Social Se	ecurity		\$1,802.00			
		Alimony A			\$14,400.00					
				Social Se	ecurity		\$3,588.00			
	her	Debtor 1's	or Debtor 2	's debts pri	re You Filed fo marily consum	er debts?	otcy	s are defined in 11	U.S.C. § 1	101(8) as "incurred by a
Are eit	her o.	Debtor 1's Neither Deindividual	s or Debtor 2' ebtor 1 nor D primarily for a	's debts printe Debtor 2 has personal, fa	marily consum primarily consum mily, or househ	ner debts? sumer del nold purpos	otcy ots. Consumer debt		_	101(8) as "incurred by a
Are eit	her o.	Debtor 1's Neither Deindividual During the No.	s or Debtor 2' ebtor 1 nor D primarily for a	's debts printed to be some control of the control	marily consum primarily consum mily, or househ	ner debts? sumer del nold purpos	otcy ots. Consumer debt		_	101(8) as "incurred by a
Are eit	her o.	Debtor 1's Neither Deindividual	s or Debtor 2' ebtor 1 nor D primarily for a 90 days befor Go to line 7 List below e paid that cre	each creditor. Do no	marily consums primarily consums primarily consumily, or houself for bankruptcy, to whom you pot include payments.	ner debts? sumer del nold purpos did you pa vaid a total ents for do	otcy ots. Consumer debt se." y any creditor a tota of \$6,225* or more mestic support oblig	al of \$6,225* or mo in one or more pay	re? /ments and	101(8) as "incurred by a d the total amount you t and alimony. Also, do
Are eit	her o.	Debtor 1's Neither Dindividual During the No. Yes	s or Debtor 2' ebtor 1 nor D primarily for a 90 days befor Go to line 7 List below e paid that crunot include	's debts prii betor 2 has personal, fa personal fa per	marily consum s primarily consumily, or househ for bankruptcy, to whom you pot include paymonan attorney for	ner debts? sumer del nold purpos did you pa vaid a total ents for do	otcy ots. Consumer debt se." y any creditor a tota of \$6,225* or more mestic support oblig	al of \$6,225* or mo in one or more pay gations, such as ch	re? /ments and nild support	d the total amount you t and alimony. Also, do
Are eit	her o.	Debtor 1's Neither Dindividual During the No. Yes * Subject	s or Debtor 2' ebtor 1 nor D primarily for a 90 days befor Go to line 7 List below e paid that cre not include to adjustment	each creditor. Do not payments to ton 4/01/16	marily consum s primarily consumity, or househ for bankruptcy, to whom you pot include paymonan attorney for and every 3 year	ner debts? sumer del hold purpos did you pa vaid a total ents for do r this bankr ars after th	otcy ots. Consumer debt se." y any creditor a tota of \$6,225* or more mestic support oblig ruptcy case. at for cases filed on	al of \$6,225* or mo in one or more pay gations, such as ch or after the date o	re? /ments and nild support f adjustme	d the total amount you t and alimony. Also, do
Are eit	her o.	Debtor 1's Neither Dindividual During the No. Yes * Subject	s or Debtor 2' ebtor 1 nor D primarily for a 90 days befor Go to line 7 List below e paid that cre not include to adjustment	each creditor payments to a 1/10 to 1/16 to 1/	marily consum s primarily consumity, or househ for bankruptcy, to whom you pot include paymonan attorney for and every 3 year	ner debts? sumer del hold purpos did you pa vaid a total ents for do r this bankr ars after th	otcy ots. Consumer debta se." y any creditor a tota of \$6,225* or more mestic support oblig ruptcy case. at for cases filed on ots.	al of \$6,225* or mo in one or more pay gations, such as ch or after the date o	re? /ments and nild support f adjustme	d the total amount you t and alimony. Also, do
Are eit	her o.	Debtor 1's Neither Dindividual During the No. Yes * Subject Debtor 1 of	s or Debtor 2' ebtor 1 nor D primarily for a 90 days befor Go to line 7 List below e paid that cru not include to adjustment or Debtor 2 o 90 days befor Go to line 7 List below e include pay	each creditor betor 2 has personal, fa per	marily consums primarily consums primarily consums for bankruptcy, to whom you pot include payment and every 3 years primarily consumption bankruptcy, to whom you pomestic support	ner debts? sumer del hold purpos did you pa vaid a total ents for do r this bankr ars after th sumer del did you pa	otcy ots. Consumer debt se." y any creditor a tota of \$6,225* or more mestic support oblig ruptcy case. at for cases filed on ots. y any creditor a tota of \$600 or more and	al of \$6,225* or mo in one or more pay gations, such as ch or after the date o al of \$600 or more?	re? ments and illd support adjustme you paid the	d the total amount you t and alimony. Also, do int.
Are eiti □ No	her	Debtor 1's Neither Dindividual During the No. Yes * Subject Debtor 1 of During the No. Yes	s or Debtor 2' ebtor 1 nor D primarily for a 90 days befor Go to line 7 List below e paid that cru not include to adjustment or Debtor 2 o 90 days befor Go to line 7 List below e include pay	each creditor you filed to be you filed to yo	marily consums primarily consums primarily consums for bankruptcy, to whom you pot include payment and every 3 years primarily consumption bankruptcy, to whom you pomestic support	ner debts? sumer del hold purpos did you pa vaid a total ents for do r this bankr ars after th sumer del did you pa vaid a total obligation	ots. Consumer debtase." y any creditor a total of \$6,225* or more mestic support obliquitor case. at for cases filed on tots. y any creditor a total of \$600 or more and s, such as child sup	al of \$6,225* or mo in one or more pay gations, such as ch or after the date of al of \$600 or more? d the total amount port and alimony.	re? /ments and nild support of adjustme o you paid the Also, do no	d the total amount you tand alimony. Also, do int.
Are eith No	her oo.	Debtor 1's Neither Dindividual During the No. Yes * Subject Debtor 1 o During the No. Yes	s or Debtor 2' ebtor 1 nor D primarily for a 90 days befor Go to line 7 List below e paid that cru not include to adjustment or Debtor 2 o 90 days befor Go to line 7 List below e include pay attorney for d Address d Freeway	each creditor you filed to be you filed to yo	marily consums primarily consums primarily consums for bankruptcy, to whom you pot include paymon and every 3 years primarily consumption for bankruptcy, to whom you pomestic support otcy case.	ner debts? sumer del hold purpos did you pa vaid a total ents for do r this bankr ars after th sumer del did you pa vaid a total obligation	ots. Consumer debt se." y any creditor a total of \$6,225* or more mestic support oblig ruptcy case. at for cases filed on ots. y any creditor a total of \$600 or more and s, such as child sup	al of \$6,225* or mo in one or more pay gations, such as ch or after the date o al of \$600 or more? d the total amount port and alimony.	re? ments and ild support adjustme you paid the Also, do not was this Grant Car	d the total amount you t and alimony. Also, do ant. The state creditor. Do not be include payments to a spayment for
Are eith No	her oo.	Debtor 1's Neither Dindividual During the No. Yes * Subject Debtor 1 of During the No. Yes	s or Debtor 2' ebtor 1 nor D primarily for a 90 days befor Go to line 7 List below e paid that cru not include to adjustment or Debtor 2 o 90 days befor Go to line 7 List below e include pay attorney for d Address d Freeway	each creditor you filed to be you filed to yo	marily consums primarily consums for bankruptcy, to whom you pot include payment and every 3 years of bankruptcy, to whom you pomestic support of the consumption of	ner debts? sumer del hold purpos did you pa vaid a total ents for do r this bankr ars after th sumer del did you pa vaid a total obligation	ots. Consumer debt se." y any creditor a total of \$6,225* or more mestic support oblig ruptcy case. at for cases filed on ots. y any creditor a total of \$600 or more and s, such as child support of the consumer of the co	al of \$6,225* or mo in one or more pay gations, such as ch or after the date of al of \$600 or more? d the total amount port and alimony.	re? /ments and ild support of adjustme you paid the Also, do not of the Mortg Car Credi	d the total amount you t and alimony. Also, do ant. The state creditor. Do not be include payments to a spayment for

Case number (if known) 16-11207

7.	Within 1 year before you filed for bankrupto Insiders include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 17 alimony.	rtners; relatives of any gen- control, or owner of 20% or	eral partners; partner r more of their voting	rships of which you securities; and a	ou are a genera ny managing a	al partner; corporations agent, including one for
	■ No □ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cosi		ments or transfer a	ny property on a	ccount of a d	ebt that benefited an
	■ No □ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
	t 4: Identify Legal Actions, Repossession	a and Fanadaanna	para		morado oroc	and a riamo
9.	Within 1 year before you filed for bankrupto List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	ne case
	Petition for Judicial Review In re: Joan Grihalva A-15-724522-J	PJR on a Foreclosure Mediaiton and other related claims	DISTRICT COU CLARK COUNT ATTN: 200 LEWIS AVE Las Vegas, NV	Y, NEVADA ENUE	Pending On appe Conclud Possible I Reconside be filed.	eal led
	Lawrence A. Grihalva v	Divorce Proceeding	District Court Family Division	1	☐ Pending ☐ On appe	<i>!</i>
	Joan Grihalva D-14-491408-D		601 N. Pecos R Las Vegas, NV	d.	■ Conclud	
10.	Within 1 year before you filed for bankrupto Check all that apply and fill in the details below No Yes. Fill in the information below.		erty repossessed, f	oreclosed, garnis	shed, attache	d, seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the
	C. Carto, Italio dila Addi 000	Explain what happened		Date		property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment becan solve a solve of the s		uding a bank or fir	ancial institutior	n, set off any a	amounts from your
	Creditor Name and Address	Describe the action the	creditor took		action was	Amount
				taker	1	

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Case number (if known) 16-11207

12.			as any of your property in the possession of an	assignee for the ben	efit of creditors, a
	court-appointed receiver, a custodian,	or anothe	er official?		
	■ No □ Yes				
Par		no			
	tt 5: List Certain Gifts and Contributio				
13.	Within 2 years before you filed for bank No	ruptcy, d	lid you give any gifts with a total value of more t	han \$600 per person	?
	Yes. Fill in the details for each gift.				
	Gifts with a total value of more than \$6 per person	600	Describe the gifts	Dates you gave the gifts	Value
	Person to Whom You Gave the Gift and Address:	d			
14.	Within 2 years before you filed for bank No	ruptcy, d	lid you give any gifts or contributions with a tota	al value of more than	\$600 to any charity
	Yes. Fill in the details for each gift or			_	
	Gifts or contributions to charities that more than \$600 Charities Name		Describe what you contributed	Dates you contributed	Value
	Address (Number, Street, City, State and ZIP Co	ae)			
	 □ No ■ Yes. Fill in the details. Describe the property you lost and how the loss occurred 	Include	be any insurance coverage for the loss the amount that insurance has paid. List pending ce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
	Record Collection. Home Brake-in while I was out of town.	Home	owners Insurance	4/2015	\$2,000.00
Pai	t 7: List Certain Payments or Transfe	rs			
16.	consulted about seeking bankruptcy or	preparin	d you or anyone else acting on your behalf pay on going a bankruptcy petition? s, or credit counseling agencies for services require		rty to anyone you
	□ No				
	Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not	You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
	CROSBY & FOX, LLC. David M. Crosby, Esq. Trox Fox, Esq 710 S. 8th. Street Las Vegas, NV 89101 www.crosby-fox.com Lawrence A. Grihalva		For BK Attorney Fees		\$1,300.00

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Debtor 1 Joan Zita Grihalva Case number (if known) 16-11207

	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and va transferred	lue of any prope	erty	Date payment or transfer was made	Amount of payment				
	Cricket Debt Counseling 10121 Sunnyside Rd Suite 300 Clackamas, OR 97015 www.cricketdebt.com Lawrence Grihalva	For Credit Couns	seling Classes			\$42.00				
17.	Within 1 year before you filed for bankruptcy, depromised to help you deal with your creditors of Do not include any payment or transfer that you list	or to make payments			r transfer any proper	ty to anyone who				
	■ No □ Yes. Fill in the details.									
	Person Who Was Paid Address	Description and va transferred	lue of any prope	erty	Date payment or transfer was made	Amount of payment				
18.	Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busin Include both outright transfers and transfers made include gifts and transfers that you have already list No Yes. Fill in the details.	ness or financial affai as security (such as th	rs?							
	Person Who Received Transfer Address Person's relationship to you	Description and va property transferre			iny property or received or debts change	Date transfer was made				
19.	Within 10 years before you filed for bankruptcy beneficiary? (These are often called asset-protection No ☐ Yes. Fill in the details.		property to a se	elf-settled tru	st or similar device o	of which you are a				
	Name of trust	Description and va	lue of the prope	rty transferre	ed	Date Transfer was made				
Par	List of Certain Financial Accounts, Instru	ments, Safe Deposit	Boxes, and Stor	age Units						
20.	Within 1 year before you filed for bankruptcy, w sold, moved, or transferred? Include checking, savings, money market, or o houses, pension funds, cooperatives, associat	ther financial account	ts; certificates o	f deposit; sh		, ,				
	■ No □ Yes. Fill in the details.									
		est 4 digits of ecount number	Type of accoun instrument	clo mo	e account was sed, sold, ved, or nsferred	Last balance before closing or transfer				
21.	Do you now have, or did you have within 1 year cash, or other valuables?	r before you filed for I	oankruptcy, any	safe deposit	box or other deposi	tory for securities,				
	■ No □ Yes. Fill in the details.									
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acce Address (Number, Str State and ZIP Code)		escribe the o	contents	Do you still have it?				

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Case number (if known) 16-11207 Debtor 1 Joan Zita Grihalva 22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy No Yes. Fill in the details. Name of Storage Facility Describe the contents Do you still Who else has or had access Address (Number, Street, City, State and ZIP Code) to it? have it? Address (Number, Street, City, State and ZIP Code) Part 9: Identify Property You Hold or Control for Someone Else Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. Nο Yes. Fill in the details. Value **Owner's Name** Where is the property? Describe the property (Number, Street, City, State and ZIP Address (Number, Street, City, State and ZIP Code) Part 10: Give Details About Environmental Information For the purpose of Part 10, the following definitions apply: Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. Report all notices, releases, and proceedings that you know about, regardless of when they occurred. 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No ☐ Yes. Fill in the details. Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it 25. Have you notified any governmental unit of any release of hazardous material? No ☐ Yes. Fill in the details. Date of notice Name of site Governmental unit Environmental law, if you Address (Number, Street, City, State and Address (Number, Street, City, State and ZIP Code) know it 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details.

Part 11: Give Details About Your Business or Connections to Any Business

27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time

Address (Number, Street, City,

Nature of the case

Court or agency

State and ZIP Code)

Name

A member of a limited liability company (LLC) or limited liability partnership (LLP)

Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy

Case Title

Case Number

Status of the

case

Case number (if known) 16-11207

		☐ A partner in a partnership						
		☐ An officer, director, or managing exc	ecutive of a corporation					
☐ An owner of at least 5% of the voting or equity securities of a corporation								
		No. None of the above applies. Go to F	Part 12.					
		Yes. Check all that apply above and fill	in the details below for each business.					
		siness Name dress	Describe the nature of the business	Employer Identification number				
		mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper	Do not include Social Security number or ITIN.				
				Dates business existed				
28.		hin 2 years before you filed for bankrupt titutions, creditors, or other parties.	cy, did you give a financial statement to an	nyone about your business? Include all financial				
		No Yes. Fill in the details below.						
	Ad	me dress mber, Street, City, State and ZIP Code)	Date Issued					
Par	t 12:	Sign Below						
are with 18 U	true a ba J.S.C Joa	and correct. I understand that making a		declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both.				
		ita Grinaiva ire of Debtor 1	Signature of Deptor 2					
Dat	e _	April 13, 2016	Date					
Did ■ N □ Y	lo	attach additional pages to Your Stateme	nt of Financial Affairs for Individuals Filing	g for Bankruptcy (Official Form 107)?				
I	lo	. , ,	an attorney to help you fill out bankruptcy					

				J	
Fill in this inform	nation to identify your	case:			
Debtor 1	Joan Zita Grihalv	a			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	DISTRICT OF NEVADA			
Case number	16-11207				
(if known)					☐ Check if this is an
			,		amended filing
Official Fo	rm 108				
_		n for Individue	ale Eiling Und	or Chantar 7	,
Statemer	it of intentio	n for Individua	als riling und	er Chapter 1	12/15
If you are an indi	vidual filing under cha	pter 7, you must fill out thi	s form if:		
creditors have	e claims secured by yo	ur property, or			
you have leas	ed personal property a	and the lease has not expir	ed.		
	ver is earlier, unless th	rithin 30 days after you file the court extends the time for			the meeting of creditors, ditors and lessors you list

on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages,

Part 1: List Your Creditors Who Have Secured Claims

write your name and case number (if known).

sign and date the form.

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?	
Creditor's Green Tree Servicing	☐ Surrender the property.	□ No	
name:	Retain the property and redeem it.		
Description of 3222 East Viking Rd. Las Vegas,	☐ Retain the property and enter into a Reaffirmation Agreement.	Yes	
property NV 89121 Clark County	Retain the property and [explain]:		
securing debt:	Debtors does not believe lien is valid		
Creditor's US BANK N. A As Trustee	☐ Surrender the property.	□ No	
name:	☐ Retain the property and redeem it.		
Description of 3222 East Viking Rd. Las Vegas,	Retain the property and enter into a Reaffirmation Agreement.	■ Yes	
property NV 89121 Clark County securing debt:	Retain the property and [explain]: Debtor does not believe the Lien is valid		

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Debtor 1	Joan Zita Grihalva	Case number (if known)	16-11207
Lassada			-
Lessor's name: Description of leased			□ No
Property:			☐ Yes
Lessor's na			□ No
Description of leased Property:			☐ Yes
Lessor's na			□ No
Description Property:	1 of leased		☐ Yes
Lessor's na			□ No
Description Property:	1 Of Teased		☐ Yes
Lessor's na			□ No
Description Property:	1 Of Teased		☐ Yes
Lessor's na			□ No
Description Property:	101 leased		☐ Yes
Lessor's na			□ No
Description Property:	1 Of Teased		☐ Yes
Part 3:	Sign Below		
Under pena	alty of perjury, I declare that I have indicated my intention abo	ut any property of my estate that se	cures a debt and any personal
property th	at is subject to an unexpired lease.	,,,	, , ,
	pan Zita Grihalva X		
	a Zita Grihalva uture of Debtor 1	Signature of Debtor 2	
Date	April 13, 2016	ate	

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtDistrict of Nevada

In re	Joan Zita Grihalva		Case No.	16-11207
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMI	PENSATION OF ATTOR	RNEY FOR DE	CBTOR(S)
(Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the per rendered on behalf of the debtor(s) in contemplat	filing of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		<u> </u>	1,300.00
	Prior to the filing of this statement I have receive			1,300.00
	Balance Due			0.00
2. 9	335.00 of the filing fee has been paid.			
3.	The source of the compensation paid to me was:			
	☐ Debtor ☐ Other (specify): La	rry Grihalva paid a portion		
4. 7	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5.	■ I have not agreed to share the above-disclosed co	ompensation with any other person	unless they are memb	pers and associates of my law firm.
	☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the			
6.	In return for the above-disclosed fee, I have agreed	to render legal service for all aspects	s of the bankruptcy c	ase, including:
ł	a. Analysis of the debtor's financial situation, and rost. Preparation and filing of any petition, schedules, Representation of the debtor at the meeting of crod. [Other provisions as needed] Exemption advice; advising on reafficement of the debtor at the meeting of crod. Exemption advice; advising on reafficement of the debtor at the meeting of crod.	statement of affairs and plan which editors and confirmation hearing, an irmation agreements and appli	may be required; d any adjourned hear cations as needed	rings thereof;
7. 1	By agreement with the debtor(s), the above-disclose Representation of the debtors in any any other adversary proceeding, mo or responding to emergency motions	v dischargeability actions, judio tions to strip liens on real prop	cial lien avoidance	
		CERTIFICATION		
	certify that the foregoing is a complete statement of ankruptcy proceeding.	f any agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in
Α	pril 13, 2016	/s/ David M. Crosl	by	
D	ate	David M. Crosby		
		Signature of Attorne Crosby & Fox, LL	y C	
		710 S. 8th Street		
		Las Vegas, NV 89 (702) 382-1007 F		
		Info@Crosby.lvco		
		Name of law firm		

United States Bankruptcy CourtDistrict of Nevada

n re	Joan Zita Grihalva		Case No.	16-11207
		Debtor(s)	Chapter	7
	VER	IFICATION OF CREDITOR I	MATRIX	
ab	ove-named Debtor hereby verifies	that the attached list of creditors is true and co	orrect to the best	of his/her knowledge.
ate:	April 13, 2016	/s/ Joan Zita Grihalva		
		Joan Zita Grihalva		

Signature of Debtor

Joan Zita Grihalva 3222 East Viking Rd. Las Vegas, NV 89121

David M. Crosby Crosby & Fox, LLC 710 S. 8th Street Las Vegas, NV 89101

Aerocare of Las Vegas 2233 East Main Street Montrose, CO 81401

Alliance One Acct No 7534 4850 Street Rd. Suite 300 Feasterville Trevose, PA 19053

Alliance One Acct No 8781 4850 Street Rd. Suite 300 Feasterville Trevose, PA 19053

ATT Universal Card Acct No 8781 PO Box 182564 Columbus, OH 43218-2564

Bank of America Acct No 0450 PO Box 851001 Dallas, TX 75285-1001

CALVARY PORTFOLIO SERVICES Acct No 7534 500 Summit Lake Dr. Valhalla, NY 10595

Capital Management Service LP Acct No 8781 726 Exchange Street Suite 700 Buffalo, NY 14210

Citi Card Acct No 7534 PO Box 6500 Sioux Falls, SD 57117

CLEAR RECON CORP.
Acct No TS: 021309-NV
4375 Jutland Drive, Suite 200
San Diego, CA 92117

Daniels Norelli Scully & Cecere P.C. Acct No 0450 One Old Counrty Road Suite LL5 Carle Place, NY 11514

Green Tree Servicing Green Tree/Ditech Bankruptcy Department P.O. Box 6154 Rapid City, SD 57709-6154

INTERNAL REVENUE SERVICE 110 City Parkway Las Vegas, NV 89106

Kravitz, Schnitzer, Sloane & Johnson Acct No 7534 8985 S. Eastern Ave. #200 Las Vegas, NV 89123

Lab Corp.
2080 E. Flamingo #110
Las Vegas, NV 89119

Larry Grihalva 56 E. Serene Ave. #129 Las Vegas, NV 89123

Larry Grihalva 56 E. Serene Ave. #129 Las Vegas, NV 89123

Las Vegas Pain Institute Acct No 1003 2750 W. Horizon Ridge Pkwy. #120 Henderson, NV 89052

LTD Financial Services Acct No 8781 7322 Southwest Freeway, Suite 1600 Houston, TX 77074

MIDLAND CREDIT MANAGEMENT Acct No 7534 8875 AERO DR. STE. 200 San Diego, CA 92123-2255

MIDLAND CREDIT MANAGEMENT Acct No 8781 P.O BOX 60578 Los Angeles, CA 90060-1578 MIDLAND FUNDING Acct No 7534 875 Aero Dr. Ste. 200 San Diego, CA 92123

Northland Group Acct No 7534 7831 Glenroy Rd Ste 350 Minneapolis, MN 55439-3133

Penncro Associates, Inc. Acct No 0450 PO Box 1878 Southampton, PA 18966

Rausch, Sturm, Israel, Enerson & Acct No 8781 Hornik, LLC 8691 West Sahara Avenue Suite 210 Las Vegas, NV 89117

Rebel Pools 3540 W. Sahara Ave. Las Vegas, NV 89102

TARGET NATIONAL BANK P.O. Box 673 Minneapolis, MN 55440

Times Sa.
Suite 2029 Tower 1
Causeway Bay
Hong Kong

UBB Com Limited
DBA Videobb.com
Room 1801 Wingon Central Blds.
26 Des Voeux Rd.
Hong Kong

UBB Com Limited 2211 No. First St. San Jose, CA 95131

United Collection Bureau Inc Acct No 8781 5620 Southwick Blvd Ste 206 Toledo, OH 43614

US BANK AS TRUSTEE 4801 FREDERICA STREET Owensboro, KY 42301 US Bank Card Acct No Various PO Box 790408 Saint Louis, MO 63179

US BANK N. A As Trustee P.O. BOX 108 Saint Louis, MO 63166

USAA Credit Card Acct No 8657 10750 Mcdermott Freeway San Antonio, TX 78281